



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**FUEL CARD USE EMPLOYEE AGREEMENT**

Dept of Corrections – State-owned Vehicles:

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

State Motor Pool Leased Vehicles:

1. I have read, understand, and will comply with all vehicle use requirements listed in the State Motor Pool Lease Packet.
2. I understand that I am required to comply with internal control procedures as outlined by State Motor Pool or Department of Corrections (vehicle leasee) as applicable.
3. In reference to the leased vehicle WEX Fuel Card, I have read, understand and will comply with the requirements as outlined above, as applicable.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorizing Official's Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Authorizing Official Printed Name

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date